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To: HCBS Waiver Service Providers

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Subject: Temporary Guidance for Family Care, PACE, and Family Care Partnership Remote Waiver Services

In response to the COVID-19 emergency, the Department of Health Services (DHS) is publishing **temporary guidance** for home and community based services (HCBS) waiver services delivered to members remotely. This guidance will be in effect during, **and only during**, the emergency.

DHS is allowing additional temporary flexibilities for Home and Community Based (HCBS) waiver services. Please consult the managed care organization (MCO) for information about the implementation schedule for these changes.

DHS is actively working to protect and ensure the capacity of the state's long-term care system as it responds to COVID-19. Allowing the option to provide HCBS waiver services remotely during the emergency expands the support options that MCOs and contracted HCBS providers have to offer to members.

For the duration of the emergency for COVID-19, DHS will allow waiver services to be delivered utilizing synchronous technology for all HCBS waiver services that can be delivered with functional equivalency to the face-to-face service. Synchronous technology permits two-way, real time, interactive communications between the provider at a distant site and the member. Face-to-face equivalence exists when a service is delivered from outside the physical presence of the member using audio or video telecommunication technology, but only if there is no reduction in quality, safety, or effectiveness.

HCBS providers must maintain complete and accurate documentation according to existing contractual requirements. Additionally, providers must document the type of technology utilized and the reason for remote provision of services for each remote waiver service.

### **Temporary Guidance for Remote Waiver Service Authorization**

The Interdisciplinary Team (IDT) will use the existing service authorization policy, the Resource Allocation Decision (RAD) Method, or other DHS approved alternative to authorize remote waiver services. The IDT must consider whether the member has the proper equipment and is comfortable and capable to participate in the remote waiver services. If technology equipment cannot be obtained for the member from another source, the IDT will use the RAD process to determine whether equipment is appropriate to authorize and obtain for the member.

The Member Centered Plan (MCP) will be updated when a need for remote waiver services is identified. If the need for remote waiver services is identified and denied after completing the RAD, the Notice of Adverse Benefit Determination process must be completed.

### **Connecting Via Technology**

Contracted HCBS providers may use a variety of electronic platforms to connect with members they serve, matching their programming with the platform that makes the most sense to meet the person's needs.

Contracted HCBS providers may need to alter or add elements when services are delivered using remote technology. Documentation for services delivered through remote technology must include verification of the length of time the member was logged into the activity, such as time in and time out, as well as the content of the activity or the service delivered.

### **Claims Submission for Remote Waiver Services**

Waiver services that are provided remotely in accordance with this policy should be coded using the appropriate procedure code, modifiers, and place of service.

Providers should contact the MCO for instructions on claims submission.

### **Remote Services Reminders and Consent**

Providers may not require the use of remote waiver services as a condition of providing services to a member. HCBS providers must develop and implement their own methods of informed consent to confirm that a member agrees to receive waiver services remotely.